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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/803,089	03/18/2004	Gholam A. Peyman	46293	5316
ROYLANCE, ABRAMS, BERDO & GOODMAN, L.L.P. 1300 19TH STREET, N.W.			EXAMINER	
			AZPURU, CARLOS A	
SUITE 600 WASHINGTON,, DC 20036			ART UNIT	PAPER NUMBER
			1615	
			MAIL DATE	DELIVERY MODE
			10/24/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Internations Communicates	10/803,089 PEYMAN, GHOLAM A.		
Interview Summary	Examiner	Art Unit	
	Carlos A. Azpuru	1615	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Carlos A. Azpuru</u> .	(3)		
(2) Garrett V. Davis.	(4)		
Date of Interview: <u>10/10/2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2) <mark> applicant's representative</mark>	<u>;</u>]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>n/a</u> .			
Identification of prior art discussed: <u>n/a</u> .			
Agreement with respect to the claims f)⊠ was reached. g	ı)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Mr Davis indicated that nabandoned.</u>			<u>!</u>
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		ms
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPLICANT IS ODAYS FROM THIS WHICHEVER IS LATER,	
	/Carlos A. Azpuru/ Primary Examiner, Art Unit 16	315	
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi		

Application No.

Applicant(s)